

MENOMINEE INDIAN TRIBE OF WISCONSIN
FOOD DISTRIBUTION PROGRAM
PO BOX 910, KESHENA, WI 54135
(715) 799-5131

Date received _____

APPLICATION

Office use only

Answer the following questions honestly and completely. If you know but refuse on purpose to give any needed information, your household (you and the people who live and eat with you) will not be eligible for food distribution.

IMPORTANT: When you apply, please bring proof of all household income- such as pay stubs and the most recent letters for Welfare (W-2), General Assistance, Unemployment, Social Security, SSI, Pension, Retirement, Support, etc. We also need statements of all household savings and checking accounts and you must bring in statements of dependent care costs.

NAME: _____ SOCIAL SECURITY NO. _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE NO. _____ RESERVATION/COUNTY: _____

DIRECTIONS TO YOUR HOME: _____

ARE YOU A VISITOR? _____; A RESIDENT? _____; DATE MOVED HERE: _____

PREVIOUS ADDRESS: _____

HAVE YOU RECEIVED COMMODITIES BEFORE? YES _____; NO _____; WHEN _____

WHERE? _____

ARE YOU RECEIVING FOOD STAMPS FOR THIS MONTH? YES _____ NO _____

HAVE YOU EVER RECEIVED FOOD STAMPS? YES _____; NO _____; WHEN _____

WHERE? _____

EMERGENCY ASSISTANCE

If you have received little or no income for the month, you may be eligible for emergency assistance.

I am requesting emergency assistance-----☐

Include the Social Security number of each family member who has one. This will help us to identify your household correctly. The Social Security numbers may also be used in program reviews or audits to make sure your household is eligible for food distribution. We are authorized to ask for this information under the Tax Reform Act of 1976.

Please list all persons living in your household. (INCLUDING YOURSELF)
DO NOT LIST ROOMERS OR BOARDERS. They cannot be included as household members.

NAME	RELATION TO HEAD OF HH	BIRTH DATE	SOCIAL SECURITY NUMBER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

List others living in your home that would be considered roomers or boarders.

NAME	ROOMERS (amount paid for room only)	BOARDERS (amount paid for room and meals)

When you apply, PLEASE BRING PROOF OF ALL HOUSEHOLD INCOME, statements of all household checking and savings accounts, and dependent care costs.

In this section we ask you to list all your resources: Please place zeros in resources you don't receive.

NAME AND LOCATION OF RESOURCE:

1. Cash on Hand	\$ _____	_____
2. Savings Accounts	\$ _____	_____
3. Checking Accounts	\$ _____	_____
4. Stocks, Bonds & Type	\$ _____	_____
5. Amount of Dividend	\$ _____	_____
6. Savings Bonds	\$ _____	_____

SELF-EMPLOYMENT INCOME:

Is anyone in your household self-employed? YES _____ NO _____

If YES, you must bring in your self-employment books that list income received and operating expenses and complete a Self-Employment Form (Schedule C of last years income or for current year).

INCOME FROM WORK:

Each member of your household who has a full, or part-time job, side job, odd job should be listed below. If a member has more than one job, list each job separately. List any member who receives pay from JTP or other job training income. DO NOT LIST SELF-EMPLOYED MEMBERS.

BRING VERIFICATION OF YOUR INCOME WHEN YOU APPLY.

<u>Worker's Name</u>	<u>Employer's Name</u>	<u>Gross Amount (Before Deduction)</u>	<u>How Often Paid</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

* * * * *

HOW VERIFIED:

You must bring in verification of all income. Please put a zero in resources you don't receive.

UNEARNED INCOME: All areas must be completed.

INCOME SOURCE	HOUSEHOLD MEMBER WHO RECEIVES INCOME	AMOUNT	HOW OFTEN
Support or alimony		\$	
Per Capita Payments		\$	
AFDC - W-2 - TANF		\$	
NLRR - Kinship Care		\$	
Adoption Assistance		\$	
GAP (General Assistance)		\$	
SSI (Supplemental Social Security Income)		Fed. \$_____ State: \$_____	
Social Security or SSDI		\$	
VA (Veteran's Benefit)		\$	
Pensions or Retirement		\$	
Workman's Compensation		\$	
Unemployment		\$	
Educational Grants, Loans, or Scholarships		\$	
Other income not listed (Specify)		\$	

DEPENDENT CARE: You must bring in verification of child care.

Does anyone in your household pay someone to baby-sit or care for a child or a disabled adult so that a member of the household can go to work, job training, or look for employment?

Yes _____ No _____ IF YES, how much do you pay?_____ How often?_____

Who provides the care?_____ Phone: _____

Address: _____

VERIFICATION RECEIVED FROM:

YOUR RACIAL-ETHNIC HERITAGE:

Although you are not required to provide this information, your cooperation will help determine compliance with Federal Civil Rights Law. In no instance will this information be used in considering your application, if you decline to provide this information, it will in no way affect consideration of your application. We are authorized to ask for this information under Title VI of the Civil Rights Act of 1964.

- ☐ American Indian or Alaskan Native ☐ White - not of Hispanic origin
☐ Black - not of Hispanic origin ☐ Hispanic ☐ Asian or Pacific Islander

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AUTHORIZED REPRESENTATIVE:

You can authorize someone outside your household to get your food distribution commodities for you. If you would like to authorize someone, write the person's name below.

NAME	ADDRESS	TELEPHONE

PENALTY WARNING

If your household receives food distribution, it must follow the rules listed below:

- ◆ DO NOT give false information, or hide information to get or continue to get food distribution.
- ◆ DO NOT trade or sell food distribution commodities.
- ◆ DO NOT use someone else's food distribution commodities for your household.

YOUR SIGNATURE

- ◆ I understand the questions on this application. My answers are correct and complete to the best of my knowledge.
- ◆ I understand that I may have to provide documents to prove what I said. I agree to do this. If documents are not available, I agree to give the name of a person or organization the office may contact to obtain the necessary proof.

Date: _____ Signature: _____

Witness if you signed with an X: _____

FAIR HEARING: You or your representative may request a fair hearing in writing if you disagree with any action taken on your case. Your case may be presented at the hearing by any person that you choose.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, sex, age, disability, religion, national origin, or political belief.

To file a complaint of discrimination, write Gilda M. Karu, Regional Director; Civil Rights/EEO; USDA, Food and Nutrition Service, Midwest Region; 77 W. Jackson Blvd., Fl 20; Chicago, IL 60604-3591